

**BOARD OF MEDICAL LICENSURE AND DISCIPLINE**  
**FULL BOARD**  
**MINUTES OF MEETING**  
**13 JULY 2005**  
**Open Session**

**Board Members in Attendance:**

**Thomas Breslin, MD**

**Margaret Coughlin**

**Charles Cronin, DO**

**Richard P. Iacobucci, MD**

**Noubar Kessimian MD**

**Shelagh McGowan**

**Robert Parrillo, Esq.**

**Board Members Absent:**

**David R. Gifford, MD, MPH (Chair)**

**Robert Dinwoodie, DO**

**Joseph DiPietro, Esq.**

**Henry Litchman, MD**

**Dorothy Williams**

**Staff Members in Attendance:**

**Robert S. Crausman, MD, Chief Administrative Officer**

**Bruce W. McIntyre, Esq., Deputy Chief Legal Counsel**

**Linda Julian, Investigator**

**Mary Salerno, Administrative Officer**

**Angela Poon, Legal Intern**

**Russell Farbiarz, Legal Intern**

**Guests:**

**Herb Constantine, MD, Facilities and Regulations**

**Ray Rusin, Facilities and Regulations**

**1. A quorum was established at 8:30 AM.**

**2. On a motion by Dr. Iacobucci seconded by Mrs. Coughlin it was voted to approve the minutes of the Open Session of the June 8, 2005 meeting.**

**3. On a motion by Dr. Cronin seconded by Mrs. Coughlin it was voted to approve the Licensing Committee minutes of the July 7, 2005 meeting with revisions.**

**4. Chief Administrative Officer's Report**

**A. Discussion was generated regarding teleconferencing for absentee Board Members. Dr. Crausman distributed a copy of a relevant recent ruling- ADV OM 04-08 In re: Public Utilities Commission, which addresses this issue. After discussion regarding the desirability of teleconferencing for Board meetings the issue was tabled for the next Open Board session on August 10, 2005.**

**B. Mr. Ray Rusin and Dr. Herb Constantine appeared before the Board with a nursing home update regarding recent legislation, facility deficiencies and an update of assisted living facilities.**

**Dr. Constantine discussed the passing of the recent legislation put forth by Representative Costantino regarding the role of nursing home medical directors. He also discussed the need to have meetings with all RI nursing home medical directors to discuss recent developments and the feasibility of having a majority attend.**

**Mr. Rusin spoke about the Harbourside Greenville facility and its bi-monthly monitoring. The facility recently had multiple deficiencies in May & June. On subsequent monitoring these deficiencies were corrected but new ones were identified. As a result Harbourside Greenville is on a decertification track for federal funding certification, which requires the facility administrator to notify the residents and their families of the circumstances. Facilities and Regulations has a standard letter for this purpose containing possible options.**

**Mr. Rusin also discussed other changes in legislation regarding solvency & insolvency of facilities. The Department of Facilities and Regulations is working with the Department of Human Services to determine when residents are at risk in terms of solvency and insolvency. As a result of the recent changes the Department of**

**Facilities and Regulations has more freedom in making these determinations.**

**Both Dr. Constantine and Mr. Rusin then addressed issues regarding assisted living facilities. Legally, medical directors are not required for assisted living facilities due to the lack of need for acute medical care. If residents are in need of more acute medical care they should not be in assisted living facilities. The person left in charge at an assisted living facility is usually an unlicensed medical technician; there are no healthcare safeguards for residents. The public perception is that assisted living facilities provide the same care as nursing home facilities, which is incorrect.**

**C. Dr. Crausman and Mr. Bruce McIntyre presented the Board with a memo from the Federation of State Medical Boards titled “Step 2 Clinical Skills and USMLE program recommendations re: time and attempt limits at USMLE.” Mr. McIntyre discussed the Board’s compliance with the 7-year period for completing the Step 1, Step 2 CS, Step 2 CK, and Step 3 examinations. The Board unanimously agreed to accept his standard as “an examination acceptable to the Board with the opportunity for case-by-case exemptions.**

**D. A request to incorporate a second medical corporation by Attorney Dianna R. Stallone for “Northern RI Endoscopy, P.C.” was then presented to the Board. The doctors involved would be Dr. Steven Kirschner, Dr. Ramon D. Llamas, Dr. Alexander Philips and Dr.**

**Sripathi A. Karanth, all in good standing with the Board. Mr. McIntyre discussed the legal issues involved with forming a second medical corporation and on a motion by Mr. Parrillo seconded by Dr. Cronin it was voted to approve the request.**

**E. The standard letter templates for Board decisions were reviewed with no suggested changes.**

**F. Dr. Crausman then gave his CME presentation to the Board regarding 2005 Board Actions and Ethics; starting his presentation with a quote from Socrates, “To Know Good is to do Good.” Unfortunately, this is not always the case and Dr. Crausman cited a few examples of physicians brought before the Board to demonstrate this reality. The cases range from bold-faced deception to the Board to mistakes made that were immediately reported to the Board for appropriate adjudication.**

**A physician, and his recent sanction for reusing disposable syringes, was discussed. This physician had previously been sanctioned and sent to a CME class for blood-borne pathogens for reusing glass syringes and he was recently sanctioned again for reusing disposable syringes.**

**Another complaint that the Board investigated involved a physician who reportedly had not seen his patients in a nursing home for 6 months. One day after a site visit, where there were no notations by**

the doctor in the charts, there was another site visit and the charts had been changed and false notes added.

As an example of the correct way to proceed with the Board, Dr. Crausman discussed a physician who performed a wrong-site surgery on a right knee instead of the left knee. When the surgeon realized that the wrong knee was being operated on he immediately closed, woke the patient up, and told the patient what had occurred. This physician was sanctioned for unprofessional conduct but was given no restrictions or probation. He conducted himself, with the Board and patient, in a very appropriate manner.

Errors happen in all professions and if physicians recognize the necessity of working with the Board instead of against it the outcome will more than likely be in their favor.

The Sigma Approach was discussed and the desirability for RI and its medical system to reach level 6, the most desirable level. Although we are not there yet as a profession we are making strides. The Board's role is to protect the public, assure high standards of practice using a systems approved headset, integrative approach, remediation and discipline.

G. Dr. Breslin inquired about the standard of care in relation to physician chart notes and what is considered readable vs. non-readable. Mr. McIntyre stated that the Board regulations state

**that physician notes must be legible and if not a patient or patient representative may make a formal complaint.**

**5. There was no old business to discuss.**

**6. There was no new business to discuss.**

**7. At 10:05 AM the Board adjourned into Executive Session.**